



IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Appl. No. : 10/056,348 Confirmation No. 8332
Applicants : Ronald M. BURCH, et al.
Filed : January 25, 2002
For : **Analgesic Combination of Oxycodone and Nabumetone**
TC/A.U. : 1639
Examiner : Bennett Celsa
Docket No. : 200.1079CON4

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Office Action of May 14, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22314-1450



Docket No.: 200.1079CON4
Date: June 11, 2004

In re application of: Ronald M. BURCH, et al.
Serial No.: 10/056,348
Filed: January 25, 2002
For: ANALGESIC COMBINATION OF OXYCODONE AND NABUMETONE

Sir:

Transmitted herewith is a **Response to Restriction Requirement** in the above-identified application.

[] Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
 [] Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
 No fee for additional claims is required.
 [] A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)		(Col. 2)		PRESENT	SMALL ENTITY	OR	LARGE ENTITY
	REMAINING	HIGHEST	AFTER	PREVIOUSLY				
			AMENDMENT	PAID FOR	EXTRA			
TOTAL CLAIMS	Minus	=	0		x \$ 9 \$			x \$ 18 \$
INDEP. CLAIMS	Minus	=	0		x \$ 42 \$			x \$ 84 \$
1 FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$140 \$			+ \$280 \$
						TOTAL: \$	OR	TOTAL: \$

* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Also transmitted herewith are:
 [] Petition for extension under 37 C.F.R. 1.136 (in duplicate)
 Other: **Return Postcard**

[] Check(s) in the amount of \$0.00 is/are attached to cover:
 [] Filing fee for additional claims under 37 C.F.R. 1.16
 [] Petition fee for extension under 37 C.F.R. 1.136
 [] Other:

The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.

Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
 Any patent application processing fees under 37 C.F.R. 1.17.
 Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

Robert J. Paradiso, Reg. No. 41,240
 DAVIDSON, DAVIDSON & KAPPEL, LLC
 485 Seventh Avenue, 14th Floor
 New York, New York 10018
 Tel: (212) 736-1940
 Fax: (212) 736-2427

I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, Alexandria, VA 22314-1450" on

June 11, 2004.

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 